

HAZLET TOWNSHIP
MONMOUTH COUNTY, NJ

TAXI OWNERS LICENSE APPLICATION

All taxicab licenses shall begin on the first day of July of each year and terminate on the first day of July of the next year.

LICENSE FEE \$50.00 PER VEHICLE

INDIVIDUAL OWNER

Name _____

Home Address _____

the undersigned, hereby applies for a license to operate a public taxicab or taxicabs as described below, in the Township of Hazlet

Date of Birth _____ Social Security No. _____

N.J. Drivers License No. _____ Home Phone No. _____

Give your last address _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED

Are you covered by insurance as required by Chapter 231, Laws of 1926 and Acts amendatory or supplemental thereto? _____

Name of Insurance Co. _____ Policy No. _____

Insurance Expiration Date: _____

Are you a citizen of the United States? _____ Where Born? _____

If naturalized, when and where? _____
Date Number Location of Court

IF CO-PARTNERSHIP THE FOLLOWING QUESTIONS MUST BE ANSWERED

Give firm name _____

Main office address _____

Branch offices _____

Give names and addresses of partners:

_____ residing at _____

_____ residing at _____

_____ residing at _____

Are all partners citizens of the United States? _____

If naturalized, when and where? _____

Date	Number	Location of Court
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Have any of the above described individuals ever been arrested or summoned to Court?

Give particulars and disposition of every case _____

How many licenses are being applied for? _____

Give address where all vehicles are to be kept _____

Are you the owner or lessee of said vehicle? _____

Are you a member of any cab company or any co-operative or operating association? _____

If so, what is the name of same _____

THE FOLLOWING CERTIFICATE **MUST** BE FILLED OUT IF THE APPLICANT IS OPERATING UNDER ANY OTHER BUT HIS OWN NAME

I hereby certify that on the _____ day of _____ 20____, there was filed in the office of the Clerk of the County of _____, a certificate setting forth the above name under which this business is to be conducted, together with the full names and addresses of the owners, a certified copy of which is herewith attached.

Signature of Applicant

INDIVIDUAL APPLICANTS AFFIDAVIT

NOTARIES: YOU WILL PLEASE EXERCISE EXTREME CARE IN FILLING OUT THE FOLLOWING AFFIDAVITS

STATE OF NEW JERSEY
TOWNSHIP OF HAZLET ss:
COUNTY OF MONMOUTH

_____ being duly sworn, deposes and says that he/she is the individual making the foregoing application for a taxicab license; that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

(Signed)_____

Sworn to me, this _____

Res. Address_____

day of _____ 20_____

Bus. Address_____

PARTNERSHIP APPLICANT'S AFFIDAVIT
TO BE FILLED OUT WHERE PARTNERSHIP APPLICATIONS ARE MADE

STATE OF NEW JERSEY
TOWNSHIP OF HAZLET ss:
COUNTY OF MONMOUTH

_____ being duly sworn, deposes and says that he/she is one of the partners of the firm of _____ which said company is making the foregoing application for a taxicab license; that the answers to the foregoing questions and other statements contained therein are true, to the best of his knowledge and belief.

(Signed)_____

Sworn to me, this _____

Res. Address_____

day of _____ 20_____

Bus. Address_____

ATTACH SCHEDULE OF FARES TO BE CHARGED
**(APPLICATION WILL BE DEEMED INCOMPLETE IF
SCHEDULE IS NOT ATTACHED)**

I HEREBY RECOMMEND AND APPROVE GRANTING OF THIS TAXICAB OWNERS LICENSE.

DATED _____

RECOMMEND APPROVAL

APPROVED

CHIEF OF POLICE

LICENSING AGENT

VEHICLE #1

Insurance Company

Policy Number_____

Serial Number_____

State Reg. Number_____

Make of cab_____

Year_____

Color_____

VEHICLE #3

Insurance Company

Policy Number_____

Serial Number_____

State Reg. Number_____

Make of cab_____

Year_____

Color_____

VEHICLE #2

Insurance Company

Policy Number_____

Serial Number_____

State Reg. Number_____

Make of cab_____

Year_____

Color_____

VEHICLE #4

Insurance Company

Policy Number_____

Serial Number_____

State Reg. Number_____

Make of cab_____

Year_____

Color_____